

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Friends of Judge Malcolm Harrison  
Address P.O. Box 1360, Raymond, MS 39154  
Telephone 601 953 4060 Fax \_\_\_\_\_  
Treasurer Robert M. Everitt Jr. Email \_\_\_\_\_



☐ Check here if above is different from previous report

## TYPE OF REPORT

☒ May 10, 2010 Periodic Report (January 1, 2010 through April 30, 2010).....Mandatory  
\_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
\_\_\_\_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
\_\_\_\_ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
\_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
\_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
\_\_\_\_ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$15350 + \$ 5325	\$ 20,675	\$ 20,675
Total amount of disbursements	\$366. <sup>85</sup> + \$ 50. <sup>00</sup>	\$ 1416. <sup>85</sup>	\$ 1416. <sup>85</sup>
Total amount of cash on hand		\$ 19,258. <sup>15</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Robert Everitt Jr.  
Signature of Director or Treasurer

5/7/10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

**ITEMIZED RECEIPTS**

<b>A. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name	R. Anderson	03/30/10	\$250.00
Mailing Address	P. O. Box 290		
City, State, Zip Code	Jackson, MS 39205		
Name of Employer (Required)			
Occupation (Required)	Attorney	Aggregated year-to-date	\$250.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name	F. Banks	03/25/10	\$250.00
Mailing Address	976 Metairie Road		
City, State, Zip Code	Jackson, MS 39209		
Name of Employer (Required)	Phelps Dunbar		
Occupation (Required)	Attorney	Aggregated year-to-date	\$250.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name	R. Barnett	03/25/10	\$200.00
Mailing Address	501 South State Street		
City, State, Zip Code	Jackson, MS 39201		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name	E. Brunini	03/25/10	\$200.00
Mailing Address	P. O. Box 19		
City, State, Zip Code	Jackson, MS 39205		
Name of Employer (Required)	Brunini Grantham Grower & Hewes		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/16/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/23/10	\$250.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$350.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$350.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/22/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$250.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/16/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/22/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/16/10	\$500.00
Mailing Address			
P. O. Box 24464			
City, State, Zip Code			
Jackson, MS 39225			
Name of Employer (Required)			
Self			
Occupation (Required)		Aggregated year-to-date	\$500.00
Attorney			
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$500.00
Mailing Address			
P. O. Box 22849			
City, State, Zip Code			
Jackson, MS 39225			
Name of Employer (Required)			
Walker Group			
Occupation (Required)		Aggregated year-to-date	\$500.00
Attorney			
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$250.00
Mailing Address			
P. O. Box 9445			
City, State, Zip Code			
Jackson, MS 39286			
Name of Employer (Required)			
Self			
Occupation (Required)		Aggregated year-to-date	\$250.00
Business Owner			
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$250.00
Mailing Address			
P. O. Box 650			
City, State, Zip Code			
Jackson, MS 39205			
Name of Employer (Required)			
Watkins & Eager, PLLC			
Occupation (Required)		Aggregated year-to-date	\$250.00
Attorney			

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/22/10	\$250.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$250.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

**ITEMIZED RECEIPTS**

<b>A. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		Troy & Sonya Stovall	03/24/10
Mailing Address		421 Ashbourn Ct	\$500.00
City, State, Zip Code		Madison, MS 39110	
Name of Employer (Required)		Lemaile Stovall, LLC	
Occupation (Required)		Consultant	
		Aggregated year-to-date	\$500.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		W. Ferrell, Jr.	03/22/10
Mailing Address		P. O. Box 2448	\$250.00
City, State, Zip Code		Jackson, MS 39225	
Name of Employer (Required)		Self	
Occupation (Required)		Attorney	
		Aggregated year-to-date	\$250.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		S. Tarawally	03/25/10
Mailing Address		201 W. Capitol Street	\$500.00
City, State, Zip Code		Jackson, MS 39201	
Name of Employer (Required)		Self	
Occupation (Required)		Attorney	
		Aggregated year-to-date	\$500.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		S. Flowers	03/25/10
Mailing Address		P. O. Box 483	\$200.00
City, State, Zip Code		Jackson, MS 39205	
Name of Employer (Required)		Self	
Occupation (Required)		Attorney	
		Aggregated year-to-date	\$200.00



Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/22/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		03/25/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

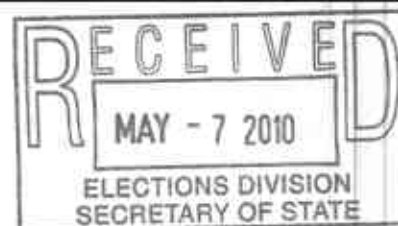
A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
L. Harrell		03/25/10	\$250.00
Mailing Address			
P. O. Box 2977			
City, State, Zip Code			
Jackson, MS 39207			
Name of Employer (Required)			
Occupation (Required)			
		Aggregated year-to-date	\$250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Sessums, Dallas & Morrison, PLLC		03/22/10	\$250.00
Mailing Address			
240 Trac Colony Park Drive			
City, State, Zip Code			
Ridgeland, MS 39157			
Name of Employer (Required)			
Occupation (Required)			
		Aggregated year-to-date	\$250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
M. Ulmer		03/29/10	\$500.00
Mailing Address			
431 Northpoint Pkwy			
City, State, Zip Code			
Jackson, MS 39211			
Name of Employer (Required)			
Watkins & Eager, PLLC			
Occupation (Required)			
Attorney		Aggregated year-to-date	\$500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Friends of Harvey Johnson		04/02/10	\$200.00
Mailing Address			
P. O. Box 9964			
City, State, Zip Code			
Jackson, MS 39286			
Name of Employer (Required)			
Occupation (Required)			
		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		04/19/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		04/14/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		04/30/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		04/20/10	\$250.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00



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Name of Candidate or Committee Friends Of Judge Malcolm Harrison

Reporting period January 1, 2010 through April 30, 2010

**ITEMIZED DISBURSEMENTS**

A. Full Name		Date	Amount of each disbursement
Hal and Mals Restaurant and Brewery		(Mo., Day, Year)	this period
Mailing Address	200 S. Commerce Street	03/25/10	\$536.25
City, State, Zip Code	Jackson, MS 39201		
Purpose of Disbursement (Optional)		Aggregate year-to-date	\$536.25
B. Full Name		Date	Amount of each disbursement
Beatrice Crawford		(Mo., Day, Year)	this period
Mailing Address		04/28/10	\$830.60
City, State, Zip Code	Flowood, MS 39232		
Purpose of Disbursement (Optional)		Aggregate year-to-date	\$830.60
C. Full Name		Date	Amount of each disbursement
		(Mo., Day, Year)	this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate year-to-date	
D. Full Name		Date	Amount of each disbursement
		(Mo., Day, Year)	this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate year-to-date	
E. Full Name		Date	Amount of each disbursement
		(Mo., Day, Year)	this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate year-to-date	
F. Full Name		Date	Amount of each disbursement
		(Mo., Day, Year)	this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate year-to-date	